



CASE CT2751NP

CERTIFICATE OF MAILING

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

James Epperson
Type or print name

James Epperson
Signature

October 24, 2005
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

ART UNIT: 1626

KING ET AL.

EXAMINER: SACKY, EBENEZER O.

APPLICATION NO: 10/662,745

FILED: SEPTEMBER 15, 2003

FOR: CYCLOPENTYL INDOLE DERIVATIVES

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

This Information Disclosure Statement is being filed in accordance with 37 C.F.R. §1.97(c).
A letter for payment of fee set forth in 37 C.F.R. §1.17(p) is enclosed.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.


Copies of these references are enclosed herewith.

10/27/2005 EEKUBAY1 00000003 193880 10662745
01 FC:1806 180.00 DA

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000
(203) 677-6974



James Epperson
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For
Shah R. Makujina
Attorney for Applicants
Reg. No. 41,174

Date: 10/24/2005

FORM PTO-1449
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE**INFORMATION DISCLOSURE CITATION**

(Use several sheets if necessary)

SUPPLEMENTAL INFORMATION DISCLOSURE CITATION

ATTY. DOCKET NO.
CT2751NP
APPLICATION NO.
10/662,745
APPLICANT
KING ET AL.
FILING DATE
SEPTEMBER 15, 2003

Group

**U.S. PATENT DOCUMENTS**

| EXAMINER INITIAL | | DOCUMENT NUMBER | DATE | NAME | CLASS | SUBCLASS | FILING DATE |
|---------------------|----|-----------------|------|------|-------|----------|-------------|
| | AA | | | | | | |
| | AB | | | | | | |
| | AC | | | | | | |
| | AD | | | | | | |
| | AE | | | | | | |
| | AF | | | | | | |
| | AG | | | | | | |
| | AH | | | | | | |
| | AI | | | | | | |
| | AJ | | | | | | |
| | AK | | | | | | |
| | AL | | | | | | |

FOREIGN PATENT DOCUMENTS

| | | DOCUMENT NUMBER | DATE | OFFICE | CLASS | SUBCLASS | TRANSLATION | |
|--|----|-----------------|----------|------------------------|-------|----------|--------------------------|--------------------------|
| | | | | | | | YES | NO |
| | AM | WO 02/079152A1 | 10/10/02 | PCT Patent Application | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | AN | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | AO | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | AP | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | AQ | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

| | | |
|--|----|--|
| | AR | |
| | AS | |
| | AT | |

EXAMINER**DATE CONSIDERED**

*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.

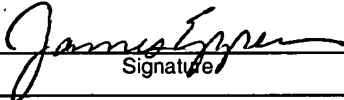


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FEE LETTER FOR INFORMATION DISCLOSURE STATEMENT


Sir:

Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$180 for payment of the fee pursuant to 37 CFR §1.17(p) for the submission of an Information Disclosure Statement under 37 CFR §1.97(c).

An additional copy of this paper is here enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Respectfully submitted,

Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000
(203) 677-7268
Date: 10/24/2005


James Epperson
Agent for Applicants
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For

Shah R. Makujina
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